Dr Jamie Friebe MBBBS FRANZCOG
Obstetrician and Gynaecologist
www.drjamiefriebe.com.au
info@drjamiefriebe.com.au

Caesarean Section

Caesarean Section is an operation to remove the baby through an incision in the mother's abdomen. This is almost always done under a spinal anaesthetic, allowing the mother to be awake so she can, with her partner, be involved in the birth of the baby without feeling any pain during the procedure.

Caesarean Sections are considered to be elective (ie planned in advance), or emergency, when a serious complication that may harm the mother or baby develops in labour or occasionally when not in labour.

Common reasons for an elective Caesarean Section include

- A baby in persistent breech presentation (ie bottom presenting into the pelvis) beyond 36-37 weeks.
- A repeat Caesarean section as prior babies have been born by Caesarean section.
- The placenta is lying closely to or right over the cervix making vaginal delivery impossible.
- Request of the mother for a Caesarean Section due to concerns about vaginal birth. Much discussion and counselling takes place in this situation!

Common reasons for an emergency Caesarean Section include

- Failure for the labour to progress. This is when the cervix stops dilating and the baby's head fails to come down the pelvis during the labour, usually due to baby being too big to pass through the birth canal.
- Concerns about the baby's wellbeing during the labour. The baby is closely monitored during all labours, and if there are concerns about baby's oxygen supplies during the labour a Caesarean Section will be required.
- The mother has pre-eclampsia and cannot be induced safely.
- The placenta partially separates from the wall of the uterus, (placental abruption), which leads to heavy bleeding and baby to become compromised.

It is important to remember that a Caesarean section is a surgical procedure, and like all surgical procedures, carries a number of possible risks and complications.

- Heavy bleeding, occasionally requiring a blood transfusion.
- Infection, which can be in the uterus, in the pelvis, or on the skin incision site.
- Damage to organs near the uterus during the Caesarean section, especially the bladder, bowel, and ureters travelling from the kidneys to the bladder. Very rarely, further surgery could be required to repair any damage.
- Deep vein clots in the legs, which can break off and travel to the lungs, which can be life threatening.

It is also important to be aware that the recovery from Caesarean Section is far more painful and a lot slower than that of a vaginal birth. The first couple of weeks after a Caesarean Section are particularly testing, especially with a new baby to care for, and this should be taken into account when decisions about an elective Caesarean Section for personal preference only are being made.

Dr Jamie Friebe © Copyright 2011